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7590 02/11/2005

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MEDLEN & CARROLL, LLP
Suite 350
101 Howard Street
San Francisco, CA 94105
04/08/2005 DEMMANU2 00000033 10081824

01 FC:2501 700.00 OP
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Cliff Cannon-Cin	(Depositor's name)
<i>Cliff</i>	(Signature)
April 5, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/081,824	02/20/2002	John Kam Ho Lee	FAIRBRN-06792	3088

TITLE OF INVENTION: BURGLAR ALARM SYSTEM HAVING REDUCED WIRING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$700	\$300	\$1000	05/11/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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GOINS, DAVETTA WOODS	2632	340-568200
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Medlen & Carroll, LLP 2 3
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Leeds Electronic Engineering Limited Wong Chuk Hang, Hong Kong

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-1290 (enclose an extra copy of this form).

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Authorized Signature

Christine A. Lekutis

Date Apr. 5, 2005

Typed or printed name Christine A. Lekutis

Registration No. 51,934

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